

almost impossible to separate the thighs. As but slight or no hope of the recovery from the myelitis existed, L. sought to relieve the patient of her sufferings resulting from the contracture of the adductors by a resection of both obturator nerves. The operation was entirely successful in fulfilling its object. Besides relieving the pressure of the knees upon each other, the separation of the thighs permitted proper treatment by irrigation, etc., of the bladder affection.

The following method of procedure is recommended: A longitudinal incision is made parallel with and to the inner side of the trunk of the saphenous vein, upon the anterior surface of the thigh, extending from the pubic tubercle downwards. The skin, cellular tissues and fascia being separated the external edge of the long adductor is brought into view and identified by its thick belly. On the outer side of the long adductor the pectineus is observed, passing in obliquely from above and toward the median line downwards and outwards. Separation of the pectineus in the direction of its fibres reveals the obturator muscle, and under the thin fascia of the latter the fan like diverging branches of the obturator nerve, passing from above and outwards in a direction downwards and inwards, almost at right angles to the course of the pectineus fibres, are found. A blunt retractor, deeply placed, making strong traction upon the external edge of the wound will enable the operator to identify the trunk of the nerve, which may be grasped and secured by means of a silk ligature. As much of the nerve as may be desired may now be removed by means of the scissors. The accompanying vessels can be protected without difficulty while the nerve is being isolated.—*Centbl. f. Chirg.*, 1892, Vol. xix., No. 2.

#### HEAD AND NECK.

**I. Lumbar puncture for relief of Hydrocephalus.** By Dr. QUINCKE. Q. performed puncture of the subarachnoid space in the lumbar region in ten cases, histories of nine of which are given. The operation was suggested by the possible existence of increased pressure of fluid in the cerebro-spinal cavity. The height of pressure, in cases of children operated upon in this manner, was from 70 to 470

millimeters of water; in adults from 150 to 680 millimetres. The normal pressure in adults is not known; in children 70 millimetres may be considered not excessive, physiologically.

The absolute height of pressure did not correspond to the gravity of the symptoms. The rapidity of the increase and the condition of the heart likewise play an important part; in case of powerful heart action even a greater pressure will not interfere greatly with the circulation in the brain. The quality of the fluid removed was usually normal; sometimes the percentage of albumen was somewhat increased, while the quantity of fluid varied in adults from 20 to 100 cubic centimetres, and in children from 2 to 66. The results are as follows: One case was cured; in two others, the results was probably due to the other measures employed; in three cases temporary improvement was observed; in four cases the operation evidently exerted no influence. The indication for lumbar puncture cannot as yet be definitely stated, though, generally speaking, the operation is indicated when the increase of pressure becomes alarming and, in case of chronic exudation, in order to bring about an alteration in the conditions of resorption. This result may be expected only in the minority of cases. Unpleasant accidents did not occur in any of Q.'s ten cases. The puncture is made in the third or fourth intercostal space of the lumbar portion of the vertebral column; in children the intercostal spaces are relatively larger. In adults the spinal processes lose their horizontal direction and assume a vertical direction, thereby increasing the difficulties of puncture. The incision is made from 5 to 10 millimetres from the median line; the needle is introduced in a slanting direction, the point reaching the region of the dura in the median line. In children the needle passes 2 centimetres deep; in adults from 4 to 6.

The canula is connected with a glass tube by means of rubber tubing in order to ascertain the exact height of pressure.—*Berlin klin. Wochenschrift*, 1891, Nos. 38 and 39.

GEORGE RYERSON FOWLER (Brooklyn).

**II. Trephining for Epilepsy.** By Dr. P. SODENBAUM. A young man, 19 years of age, was struck when 5 years of age by a falling tree. When 8 years of age developed vertigo and finally fits of